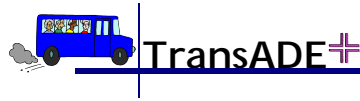


TransADE APPLICATION



TRANSPORTATION ASSISTANCE FOR THE DISABLED AND ELDERLY

FY 2006

**MONTANA DEPARTMENT OF TRANSPORTATION
TRANSIT SECTION
2701 PROSPECT AVENUE
PO BOX 201001
HELENA MONTANA 59620-1001**

**PHONE: (406) 444-6120
FAX: (406) 444-7671 OR (406) 444-9451
<http://www.mdt.state.mt.us>**



The Department of Transportation attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program or activity of the department. Alternative accessible formats of this document will be provided upon request. For further information call (406) 444-6120 or TTY (800) 335-7592.

Application for TransADE

Transportation Assistance for the Disabled and Elderly

I. Legal Name of Applicant Agency:

Address: _____

City: _____ **State:** MT **Zip:** _____

County: _____ **Telephone:** _____

Name of Project Director: _____

II. Assistance Request (STATE DOLLARS ONLY):

Operating Request \$ _____

III. Authorization to Apply:

I assure that this applicant has the fiscal, managerial, and legal capabilities to administer the TransADE Program and receive and disburse state funds. I also assure that some combination of local or private funds have or will be committed to provide the required local match.

Signature: _____

Title of Authorized Official: _____

Date: _____

IV. Estimated Operating Budget

A. Labor

Drivers \$_____

Dispatchers \$_____

Mechanics \$_____

Other (*Identify*) \$_____

_____ \$_____

Total Personnel \$_____

B. Fringe Benefits \$_____

C. Materials and Supplies

Fuel and Lubricants \$_____

Tires and Tubes \$_____

Maintenance \$_____

Total Materials & Supplies \$_____

D. Casualty and Liability Costs

Insurance \$_____

Other Casualty &
Liability \$_____

Total Casualty and Liability Costs \$_____

E. Purchased Transportation Services

Purchased Services \$_____
(*Identify*)

Total Purchased Transportation Service \$_____

F. Total Estimated Operating Expenses \$

G. Eligible TransADE Operating Assistance Request Level \$
(Shall not exceed 50% of Line F)

H. Local Match

Source and amount *must* be specified below:

 \$

 \$

 \$

Total Local Match \$

V. Transportation Advisory Committee (TAC) (25 Points)

To what extent have you worked with this committee to develop your transportation coordination program? **Please submit with your application the Transportation Advisory Committee (TAC) Meeting Minutes referencing your presentation and approval of your application by the local TAC.** *(Refer to Section XIII for more information)*

VI. Transit Needs (20 Points)

How do you plan to increase ridership as a result of receiving TransADE funding?

VII. Coordination (130 Points)

The information presented in this category will be a major factor in determining your evaluation point score. Responses need not be lengthy but should document any significant coordination efforts that you have made or plan to make.

Explain how you propose to coordinate services with any other agency and/or to offer non-client service. This discussion should include any plans to advertise, or enter into cooperative agreements. If other transportation services are operated in your service area, also explain what steps are taken to reduce duplication of services.

You are expected as a part of this application to maintain coordination or to seek ways to coordinate with other services in your area. In order to achieve points on the rating scale, the agencies you are coordinating with must state their intentions in writing and that documentation must be included with this application.

If agencies are unwilling to sign a contract for services which will not be available at the time of application submittal then include a letter of intent that is as specific as possible. Vague letters of support are not considered written agreements for the purposes of scoring. If you are currently providing services to others, include copies of the contracts or letters from the agencies describing your agreement.

In cases where you are unable to effect a coordination agreement to supply or receive transportation with another agency in your service area, you should include evidence of your efforts to do so.

You will be scored on the following criteria. Point scores will be assigned to each application. A minimum score of 91 points (of a possible 130) is required for funding consideration. ***Feel free to use additional paper if the space provided is not enough.***

- A. Address and document the transportation needs within the service area.
(0 – 20 points)

B. Indicate how services are going to be expanded to meet the transportation needs of elderly and persons with disabilities within the service area. (0 – 35 points)

C. Explain how services are going to be coordinated with the other transportation providers in the service area. List agencies name and contact person. (0 – 35 points)

D. Evidence of written agreements including coordination plan(s) and schedules with other agencies to supply or receive transportation. Include letters of support. (0 – 20 points)

E. What changes are necessary at your agency/organization in order to implement coordinated transportation? (0 – 20 points)

VIII. Existing & Proposed Transit Program Description (25 Points)

Existing Transit Program Description

- A. _____ Number of Vehicles
- B. _____ Hours of Operation Per Week
- C. _____ Number of Days Service Operates Quarterly

Proposed Transit Program Description

- A. _____ Number of Vehicles
- B. _____ Hours of Operation Per Week
- C. _____ Number of Days Service Operates Quarterly

Program Ridership (Annual)

Fiscal Year 2003 (July 1, 2002 – June 30, 2003)

	Contracted	Non-Contracted	
D.	_____	_____	Persons over 60 years old
E.	_____	_____	Persons under 60 years old
F.	_____	_____	Persons with disabilities

Fiscal Year 2004 (July 1, 2003 – June 30, 2004)

	Contracted	Non-Contracted	
G.	_____	_____	Persons over 60 years old
H.	_____	_____	Persons under 60 years old
I.	_____	_____	Persons with disabilities

J. Type of Service:

_____	Fixed Route
_____	Demand Response

K. _____ Current Service Area Total Population

IX. Computer Technology Requirements

Does your agency have the following Hardware/Software requirements:

- | | Y | or | N |
|---|-----|----|-----|
| • Computer | ___ | | ___ |
| • Windows Operating System with Microsoft Word
(<i>Microsoft Office Suite recommended</i>) | ___ | | ___ |
| • Pentium Processor or better | ___ | | ___ |
| • 16 MB of RAM (<i>32 MB or more recommended</i>) | ___ | | ___ |
| • Internet Explorer or equivalent Web Browser | ___ | | ___ |
| • E-mail Provider | ___ | | ___ |

Do you have any specific hardware or software needs? Y or N

If yes, please identify:

X. Preventive Maintenance (20 Points)

Describe your preventive maintenance schedule for all vehicles, including preventive maintenance for lifts and other ADA equipment in your program (ie. securement straps, etc). Include the name of the agency person responsible for vehicle maintenance as well as those providing additional maintenance service. Are separate files kept on individual vehicles?

Please include a copy of your written maintenance plan with this application. Please refer to attached material for more information on how to develop a preventive maintenance plan.

ASSURANCES,
CERTIFICATIONS
AND
PUBLIC NOTICE

XI. Applicant Organization Assurances

The following assurances are hereby made by the Applicant organization to the Montana Department of Transportation (MDT):

A. The Applicant organization meets the required TransADE minimum program requirements as specified in the Application Guide and will comply with all requirements as stated in the TransADE Program Guidelines.

B. The Applicant has or will have the necessary legal, financial, and managerial capability to apply for and receive State assistance; and to ensure proper planning, management, and completion of the project described in its application.

C. The Applicant will give MDT, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

D. The Applicant will initiate and complete the work within the applicable project time periods following receipt of MDT approval.

E. The Applicant assures that sufficient funds have been or will be committed to provide the required local share.

F. The Applicant assures that it will comply with all applicable State statutes, regulations, executive orders, and other requirements in carrying out any project supported by a MDT grant or cooperative agreement. The Applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant or cooperative agreement issued for its project with MDT. The Applicant understands that State laws, regulations, policies, and administrative practices might be modified from time to time and affect the implementation of the project. The Applicant agrees that the most recent State requirements will apply to the project, unless MDT issues a written determination otherwise.

J. The Applicant has, to the maximum extent feasible, coordinated with other transportation providers and users, including social service agencies authorized to purchase transit service.

K. The Applicant will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.

L. The Applicant will comply with all regulations relative to implementation of the AMERICANS WITH DISABILITIES ACT.

M. In accordance with Section 49-3-207 MCA, the Applicant agrees that for this contract all hiring will be made on the basis of merit and qualifications and that there will be no discrimination on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin by the persons performing the contract.

Signed by _____

Organization Name _____

Date _____

XII. Application Public Notice (10 Points)

Please attach an Affidavit of Publication and a copy of the public notice.

XIII. TRANSPORTATION ADVISORY COMMITTEE (TAC)

Each transportation service area must have a local Transportation Advisory Committee (TAC). There should be only **one** TAC per service area. This committee, consisting of local transportation providers and interested community residents, serves as the local planning group who reviews and discusses transportation needs and resources for their local areas. The TAC is not a governing body, but rather an advisory group or forum to assist all local transportation providers.

Persons serving on the TAC should include representatives from the following:

- General Public Transportation Provider
- Development Disabilities Organizations
- Senior Citizens Centers, Nutrition Sites
- Hospitals, Nursing Homes, Retirement Facilities
- Mental Health Centers
- Local Elected Public Officials
- Other interested Citizens

Each TAC should elect a chairperson who will be responsible for calling meetings and keeping the minutes. **The State of Montana recommends that the TAC meet on a quarterly schedule.**

If your agency is applying for capital assistance you must notify the TAC that your agency is applying for federal funding and offer the TAC the opportunity to review your agency's application. If there are two or more organizations in a service area applying for capital assistance, the TAC should review all applications and prioritize all requests in a written cover letter to the Montana Department of Transportation, Transit Section.